

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

AMERICANS FOR LEGISLATING EXCELLENCE PAC

ADDRESS (number and street)

PO BOX 1863

☐ (Check if address is changed)

MARTINSBURG

CITY ▲

WV

STATE ▲

25402

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

COOPER.L.STEPHANIE@GMAIL.COM

Optional Second E-Mail Address

ALEXPAC@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
05 / 22 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00641142

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ONOSZKO, PETER, , ,

Signature of Treasurer

ONOSZKO, PETER, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 22 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

AMERICANS FOR LEGISLATING EXCELLENCE PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ALEXANDER XAVIER MOONEY

Mailing Address

188 HUNTFIELD LANE

CHARLES TOWN

CITY

WV

STATE

25402

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

COOPER, STEPHANIE, , ,

Mailing Address

PO BOX 1863

MARTINSBURG

CITY

WV

STATE

25402

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

304

702

5009

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

ONOSZKO, PETER, , ,

Mailing Address

PO BOX 1863

MARTINSBURG

CITY

WV

STATE

25402

ZIP CODE

Title or Position
TREASURER

Telephone number

304

702

5009

Full Name of
Designated
Agent

COOPER, STEPHANIE, , ,

Mailing Address

PO BOX 1863

MARTINSBURG

CITY

WV

STATE

25402

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

304

702

5009

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF CHARLES TOWN

Mailing Address

111 EAST WASHINGTON STREET

CHARLES TOWN

CITY

WV

STATE

25414

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE